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CONFIRMATION NO. 6928

SERIAL NUMBER 10759,105	FILING DATE 01/20/2004  RULE	CLASS 351	GROUP ART UNIT 2873	ATTORNEY DOCKET NO. 14589CIP
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APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/394,651 03/24/2003 PAT 6,820,976  
 which claims benefit of 60/366,247 03/22/2002

*HD* ~~None~~

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*HD* None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

**\*\* 04/20/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FL	SHEETS DRAWING 8	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 3
Verified and Acknowledged	Examiner's Signature <i>HD</i> Initials				

ADDRESS

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TITLE

Eyeglass device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
RECEIVED 648		<input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )